

Case Number:	CM15-0193440		
Date Assigned:	10/07/2015	Date of Injury:	05/27/2015
Decision Date:	12/16/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/01/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57 year old female with a date of injury on 5-27-15. A review of the medical records indicates that the injured worker is undergoing treatment for back, bilateral shoulders, left elbow pain and headaches. Progress report dated 9-8-15 reports continued complaints of constant upper back pain that radiates to her bilateral shoulder and mid back associated with numbness, tingling, achy and stiffness sensation. The pain is rated 7 out of 10. The left elbow pain is on and off and radiates to her left arm, left forearm, and left wrist associated with numbness, tingling, weakness, stiffness and cold sensation. The pain is rated 7 out of 10. Norco decreases the pain. The low back pain is constant, achy and is rated 7 out of 10. She reports less anxiety, depression, and insomnia. Objective findings: tender to palpation with spasms of the upper trapezius muscles, cervical range of motion is limited due to pain, cervical reflexes are symmetrical, thoracolumbar spine has tenderness to palpation and limited range of motion due to pain, left elbow has tenderness, limited range of motion and decreased strength. Treatments include: medication, physical therapy, chiropractic, acupuncture, left elbow open treatment for fracture. Request for authorization dated 9-8-15 was made for additional chiropractic-physiotherapy 2 times per week for 6 weeks for cervical spine, additional acupuncture 2 times per week for 6 weeks for cervical spine, range of motion muscle testing and psychology consultation. Utilization review dated 9-29-15 non-certified all the requests.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Additional Chiro/PT 2x6 for Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this intervention for this patient. The California MTUS Guidelines state that Chiropractic manipulation is recommended for the treatment of chronic pain that has acute flares or "requires therapeutic care." However, it is "not recommended for elective for maintenance therapy." The medical records support that this patient has chronic back pain which has been stable with no recent flare-ups or acute interventions. The patient's pain appears to be at a steady state for which she has been receiving chiropractic manipulation in the past. MTUS does not support the need for manipulation as maintenance therapy. Furthermore, continued manipulation is not indicated without clear functional improvement. Since the patient's pain levels remain at steady state with no clear documentation of improvement, additional therapy is not indicated. Therefore, based on the submitted medical documentation, medical necessity for chiropractic therapy of the cervical spine 2x6 has not been established. The request is not medically necessary.

Additional Acupuncture 2x6 for Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of acupuncture testing for this patient. The California MTUS Acupuncture guidelines address the topic of neck/cervical acupuncture. In accordance with California MTUS Acupuncture guidelines "Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented." This patient has been prescribed acupuncture for 6 weeks, q2 times per week. Based on MTUS guidelines, the patient has already underwent a trial of acupuncture with minimal documented functional improvement. Clear evidence of treatment goals, clinical improvement and decreased pain scale is not documented in the patient's prior treatment records. Therefore, based on the submitted medical documentation, the request for acupuncture testing is not medically necessary.

Range of Motion and Muscle Testing: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. Regarding the request for computerized range of motion testing, Occupational Medicine Practice Guidelines recommend performing a focused physical examination when evaluating patients including examining the musculoskeletal system to evaluate the patient's complaints. Guidelines go on to indicate that during clinical reassessment, a detailed history and physical examination should be conducted. Range of motion and strength testing is considered to be part of the normal physical examination. The requesting physician has not identified why his clinical skills are insufficient to perform a normal range of motion and muscle strength assessment. Therefore, based on the submitted medical documentation, the request for computerized range of motion and muscle strength testing is not medically necessary.

Psychology Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, Follow-up, Failure.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a psychologist referral for this patient. The clinical records submitted do not support the fact that this patient has been documented to have recent worsening depression or work stress-requiring consultation. The California MTUS guidelines address the issue of a psychology referral by stating: "It is recommended that common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than six to eight weeks. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional." Although this patient has had a history of psychological depression after injury, she is currently maintained on medication that is reported as helping treat her symptoms. The patient's clinical documentation does not support that the patient has had recent episodes of work stress or psychiatric symptoms. In fact, her most recent documentation states that his psychological symptoms are under control and improving with currently prescribed medications. Therefore, based on the submitted medical documentation, the request for psychological consultation is not-medically necessary.